

Rec'd PGT/PTO 02 MAY 2005

10/533325

PTO/SB/81 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	To be assigned
	Filing Date	
	First Named Inventor	Gary Wayne GOODSON
	Title	Pharmaceutical Compositions
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PU5025USw

I hereby appoint:



Practitioners associated
with the Customer
Number:

23347

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

<input type="checkbox"/>	Firm or Individual Name			
	Address			
	City		State	
	Country			
	Telephone		Fax	

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert H. Brink</i>	Date	<i>2 May 2005</i>
Name	Robert H. BRINK	Telephone	919-483-8323
Title and Company	Attorney, GLAXO GROUP LIMITED and SMITHKLINE BEECHAM CORPORATION		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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10/233325
2 MAY 2005

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted OR with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU5025USw	
	First Named Inventor	Gary Wayne GOODSON	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Art Unit		
	Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL COMPOSITIONS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (**07 November 2003**) as United States Application Number or PCT International

Application Number **PCT/US2003/035830** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION – Utility or Design Patent Application			
Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number 23347	
OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone		Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gary, Wayne		Family Name Or Surname GOODSON	
Inventor's Signature x <i>Gary Wayne Goodson</i>		Date 20-APRIL-05	
Residence: City Durham	State NC NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Alison, Green		Family Name Or Surname FLOYD	
Inventor's Signature <i>Alison B. Floyd</i>		Date 20-April-05	
Residence: City Durham	State NC NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto			

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PTO/SB/02A (08-03)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Cecilia, Carpenter		NAVY	
Inventor's Signature <i>Cecilia Carpenter Navy</i>		Date 20 April 2005	
Residence: City Durham	State NC	Country US	Citizenship CN
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE UNDER 37 C.F.R. §3.73(b)

JC17 Rec'd PCT/PTO 02 MAY 2005

Applicant: GLAXO GROUP LIMITED and SMITHKLINE BEECHAM CORPORATION

Patent No.: _____ Granted: _____

US National Phase application: To be assignedFor: **PHARMACEUTICAL COMPOSITIONS**GLAXO GROUP LIMITED andSMITHKLINE BEECHAM CORPORATION Corporation

(Name of Assignee)

(Type of Assignee, e.g. corporation, partnership, university, etc.)

certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application identified above. The assignment was recorded on _____ in the Patent and Trademark Office at Reel/Frame _____, and _____, or for which a copy thereof is attached.

B. ☐ A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the Patent and Trademark Office at Reel _____, Frame _____, or which a copy thereof is attached.

☐ Additional documents in the chain of title are listed here:

The undersigned has reviewed all the documents in the chain of title of the patent application identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

The undersigned (whose title is given below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

GLAXO GROUP LIMITED**SMITHKLINE BEECHAM CORPORATION**Signature: Robert H. Brink

By: Robert H. BRINK

Title: Attorney

(resolution is attached)

Signature: Robert H. Brink

By Robert H. BRINK

Title: Attorney

(resolution is attached)

Date: 7 May 2005

Correspondence Address:

GlaxoSmithKline, Corporate Intellectual Property

Five Moore Drive, P.O. Box 13398, Research Triangle Park, NC 27709

Telephone No.: (919) 483-2370, Facsimile No.: (919) 483-7988

Customer Number: 23347